

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	E.M.		08-11-01
O.I.P.E. CLASSIFIER		32	8/15
FORMALITY REVIEW		901	09/12/01
RESPONSE FORMALITY REVIEW	SG	1077	3/15/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	1/24/03
Original	01/24/03
1	✓
2	✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ 0
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ 0
14	✓ ✓ ✓
15	✓ ✓ 0
16	✓ ✓ ✓
17	✓ ✓ ✓
18	✓ ✓ 0
19	✓ ✓ 0
20	✓ ✓ ✓
21	✓ ✓ ✓
22	✓ ✓ ✓
23	✓ ✓ 0
24	✓ ✓ 0
25	✓ ✓ ✓
26	✓ ✓ ✓
27	✓ ✓ ✓
28	✓ ✓ ✓
29	✓ ✓ ✓
30	✓ ✓ ✓
31	✓ ✓ 0
32	✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy

 C182
 C1-13-01
 JCS/1019
 03-15-02